



MISSOURI DEPARTMENT OF HEALTH  
STATE PUBLIC HEALTH LABORATORY  
**DATAMASTER MAINTENANCE REPORT**

RECEIVED  
Civil Breath Alcohol Program  
By Carol Day at 12:20 pm, Mar 09, 2010

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

DATAMASTER SN 204108	DATE OF INSPECTION 3-1-10
LOCATION OF INSTRUMENT (STREET AND CITY) Ralls Co. Sheriffs Dept., 301 Ralls St., New London, MO 63459	TIME OF INSPECTION 1018

**CHECKLIST:** Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER 49 °C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER
<input checked="" type="checkbox"/> INDICATOR LIGHTS	
<input checked="" type="checkbox"/> TIME AND DATE	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34 °C ± 0.2°C)	
<input checked="" type="checkbox"/> CALIBRATION CHECK - Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP) <input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)	

TEST 1 <input checked="" type="checkbox"/> 0.097	TEST 2 <input checked="" type="checkbox"/> 0.098	TEST 3 <input checked="" type="checkbox"/> 0.099
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<input checked="" type="checkbox"/> PERFORM R.F.I. TEST (PRINTOUT ATTACHED)											
<input checked="" type="checkbox"/> NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)											
REFUSALS	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	1	(.15-.19)	1	(Over .19)	0

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

Instrument meets Dept. of Health specs., RepCo Marketing Inc., .10 solution; lot no. 07002, exp. 08-31-11

<b>INSPECTING OFFICER</b>	
SIGNATURE B. C. Griffin	PRINT NAME B. C. Griffin
TYPE II PERMIT NUMBER/EXPIRATION DATE 200033/02-05-2012	TELEPHONE NUMBER (660) 385-2132

**CERTIFICATE OF ANALYSIS**

**MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc.**

**LOT NUMBER: 09002**

**EXPIRATION DATE: August 31, 2011 at 11:59 p.m.**

RepCo Marketing, Inc. certifies the following:

RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 09002 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1206 gms/dl +/- .003 gms/dl wt/vol ethanol (95% Confidence).

The alcohol and distilled water used in the solution were found to be free of any interfering substance.

This solution will produce a vapor alcohol value of .100 +/- 3% gms/210L Breath when heated to 34 Degrees Celsius +/- 0.2 Degrees Celsius in a simulator (95% Confidence).

The date of manufacture for this lot number is September 1, 2009.  
The expiration date for this lot number is August 31, 2011  
at 11:59 p.m.

This document is a true representation of the original Certificate of Analysis.



Cecil B. Garner, President  
RepCo Marking, Inc.

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



BRANDON C GRIFFIN


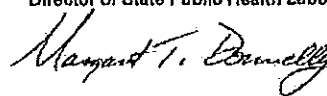
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 02/05/2010  
Number 200033  
Expires 02/05/2012

MO 580-0771 (7-88)

  
Interim Director  
Director of State Public Health Laboratory  
  
Director, Department of Health

Lab. 4 (R7-88)

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204100  
03/01/10

TESTING OFFICER:

GRIFFIN/B/C

OFFICER I.D.# 0429

PERMIT NUMBER: 200033 B.C.6.

EXPIRATION DATE: 02-05-2012

MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	10:34
INTERNAL STANDARD	VERIFIED	10:34
EXTERNAL STANDARD	.097	10:35
BLANK TEST	.000	10:36
EXTERNAL STANDARD	.098	10:36
BLANK TEST	.000	10:37
EXTERNAL STANDARD	.099	10:37
BLANK TEST	.000	10:38

N = 3

SIM. = .1

AVG. = .098

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204100  
03/01/10  
10:18

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (04-07-2009): OKAY

HEATERS  
SAMPLE CHAMBER: 49c

FLOW DETECTOR: OKAY

PUMP  
HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

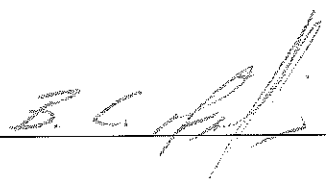
QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

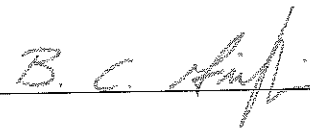
!"#\$%&'()\*+,-./0123456789:;<=>?@ABCDEFGHIJ  
KLMNOPQRSTUVWXYZ[\]^\_`abcdefghijklmnop  
qrstuvwxyz{|}~`

Operator Signature



2208-0

Operator Signature



2208-02

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204108  
03/01/10

ARREST TIME: 09:00

SUBJECT NAME:

TEST

DOB: 01/01/70

SEX: M

STATE/D.L.: MO/1234567890

ARRESTING OFFICER:

GRIFFIN/B/C

OFFICER I.D.: 0429

TESTING OFFICER:

GRIFFIN/B/C

OFFICER I.D.: 0429

PERMIT NUMBER: 200033 B.C.G.

EXPIRATION DATE: 02-15-2012

MISCELLANEOUS DATA:

R.F.I. TEST

--- BREATH ANALYSIS ---

BLANK TEST /

.000

10:42

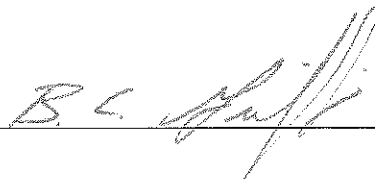
INTERNAL STANDARD

VERIFIED

10:42

RADIO INTERFERENCE

Operator Signature



2208-02